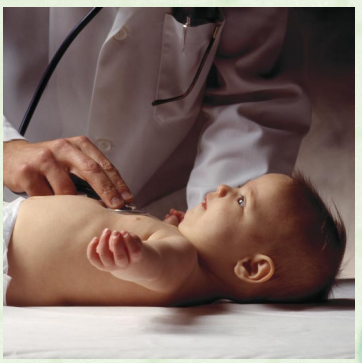
RHODE ISLAND COMMERCIAL HEALTH PLANS' PERFORMANCE REPORT

2004



HQPM

Health Quality Performance Measurement

RI COMMERCIAL HEALTH PLANS' PERFORMANCE REPORT (2004)

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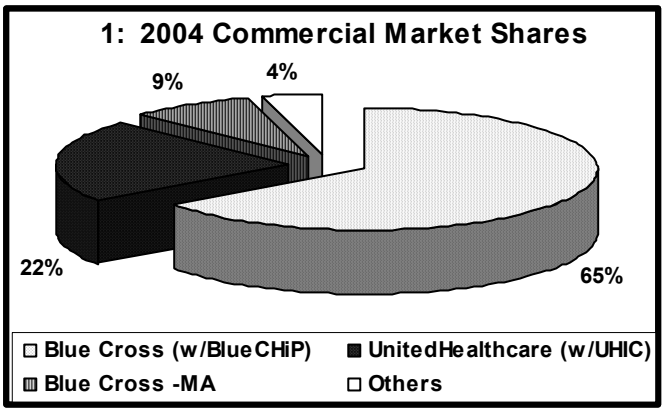
I: EXECUTIVE SUMMARY

The Health Care Accessibility and Quality Assurance Act passed by the General Assembly in 1996 instituted health plan reporting in Rhode Island. Since then, the state has become a national leader in this field.[1] This year's Report is the seventh edition to present comparative health plan performance information, both over time and to national and regional benchmarks.

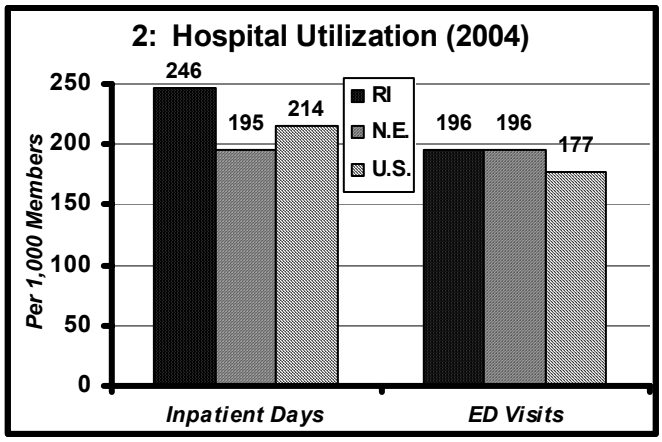
With the small number of plans in the state and the market dominance of Blue Cross & Blue Shield of RI (BCBSRI), most Rhode Islanders have limited choice of carrier. The lack of selective contracting also means that most plans deliver services through the same network of providers (i.e., the same physicians, hospitals and other suppliers participate in all plans). Therefore, the real value in publishing this information is less in aiding consumer choice and more in promoting accountability of the industry. Purchasers deserve to know how well the plans are performing and policy makers need empirical evidence to set effective policy. An added benefit of this effort is that performance will improve if for no other reason than the results are made public.

Some 380,000 Rhode Islanders are commercially insured, and this Report analyzes the five largest health plans, which together cover 96% of this population. In all, 8 separate dimensions of performance are evaluated. These range from enrollment, utilization and prevention, to screening and treatment, to access, satisfaction and utilization review. A separate publication, *The Health of RI's Health Insurers ~2004*, provides a financial analysis of the state's domiciled insurers, and a companion publication on Medicaid plans will also be available (i.e., *The RIteCare Factbook ~2004*).

RI's Commercial health insurance market is concentrated in two carriers (Chart 1). BCBSRI (and its subsidiary BlueCHiP) had a market share of 65% and UnitedHealthcare of NE (with its sister corporation United Healthcare Insurance Company) controlled 19%. Blue Cross of MA made some inroads, but its share remained in the single digits (9%). The remainder of the market (4%) consisted of a host of smaller plans, none of which had more than 10,000 RI members.



Rhode Islanders' utilization of hospital services was high when compared to regional and national patterns. Inpatient days were significantly above both New England (N.E.) and national rates (+26% and +15%, respectively). Emergency Department utilization was consistent with the N.E. rate but remained +10% greater than the U.S. rate (Chart 2). Because the patient is not ultimately admitted to the hospital in this measure, suggests an inappropriate utilization of the most costly modality for treating non-emergency cases.



RI health plans performed well in 2004 with regard to various clinical measures (Table 1). A full 50% of all these measures improved from 2003, with the remaining 50% holding steady. Compared to their N.E. counterparts, 21% of RI's measures exceeded the regional benchmarks, 64% were equivalent to the benchmarks and 14% fell below those

benchmarks. National comparisons were more favorable. In 2004, RI exceeded the U.S. benchmarks on 50% of the measures, and matched those benchmarks on the remaining 50%.

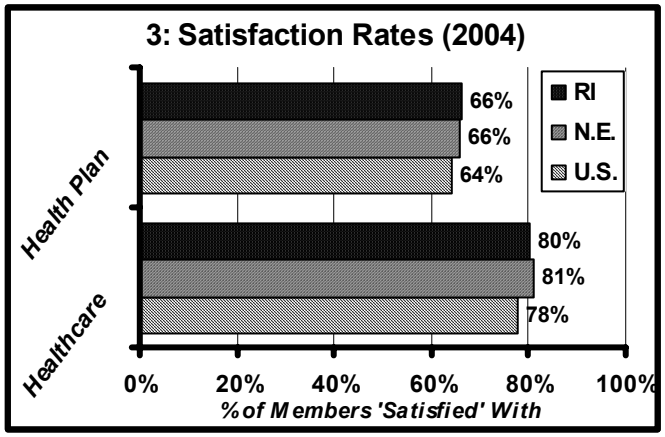
1: 2004 RI Clinical Quality Performance

2004 RI values compared to:	2003	N.E.	U.S.
Advising Smokers to Quit	*+9%*	*+8%*	*+16%*
Colorectal Cancer Screening	*n/a*		*+25%*
Breast Cancer Screening			
Cervical Cancer Screening			
Chlamydia Screening	*+11%*		*+12%*
Diabetes -Eye Exam Screen.	*+7%*	*-6%*	*+18%*
Controlling High Blood Pres.	*+6%*	*+6%*	*+12%*
Cholesterol Management	*n/a*	*-8%*	
Diabetes -HbA1c Controlled	*+11%*		
Antidepressant Med. Mgmt.			*+45%*
Follow-up for Mental Illness			
Prenatal Care Access	*+11%*		
Postpartum Care Access			
Adolescent Well-Care Visits		*+7%*	*+59%*
+xx% 'Better'	*(<+-5%) 'Same'*	*-xx% 'Worse'*	

n/a, new measure in 2004

Clearly, this comparative analysis is positive and shows the gains made by the plans in the state. However, no matter how favorable this relative performance, the absolute values on some clinical measures were wanting. For example, a *Chlamydia Screening* rate of 36%, and an *Antidepressant Medication Management* value of 29% underscore the need for further improvement regardless of how well RI did on a relative basis.

Two thirds of Rhode Islanders were generally satisfied with their health plans and four fifths were satisfied with their healthcare (Chart 3). RI's healthcare satisfaction rate was similar to both the regional and national rates. Rhode Islander's satisfaction with their health plans was also similar to the regional and national rates. Interestingly, regardless of location throughout the country, members were more satisfied with their healthcare services than with their health plans.



The real utility in these analyses is in benchmarking performance and promoting quality within the industry. The maxim, *'you can't improve what you can't measure'* holds true.

II: INTRODUCTION

Increasingly, the public, purchasers, providers, and policy makers are seeking meaningful information about health plans. This Report provides the most comprehensive public source of data on plans certified to operate in Rhode Island.[2] Consumers and purchasers may use this information to make informed choices among competing plans or to better understand their chosen plan. The plans themselves now have comparative statistics to identify and focus improvement efforts. Policy makers may also use these data to support their decision-making.

A. Background

Not all health plans are identical. They differ in how they keep members well and how they care for them when they are ill. They also differ in how they provide access to and deliver services. Most Rhode Islanders receive their health coverage through the five commercial health plans in this Report, so learning about how they perform is essential to determining if value is received from the premium dollars expended. Consequently, in response to this need for information, the Rhode Island General Assembly passed the Health Care Accessibility and Quality Assurance Act (RIGL 23-17.13) in 1996. One stipulation of this law was a requirement that health plans submit performance data to the Department of Health (HEALTH).

To consumers, the quality, and access to care provided by a plan may affect their health. To employers, these same issues may influence worker absenteeism, productivity and the company's personnel costs.

The *RI Commercial Health Plans' Performance Report (2004)* is the seventh annual publication of this information. For more information on choosing a particular commercial health plan, readers are referred to the following Web site: http://hprc.ncqa.org/.

B. How to Use This Information

The Report is divided into Sections containing similar dimensions of performance. Section III examines enrollment and market share. Section IV compares utilization statistics. Section V looks at prevention measures, and Section VI gives screening information. Section VII presents treatment statistics and Section VIII shows access measures. Lastly, Section IX provides the results of member satisfaction surveys, and Section X assesses utilization review statistics. Whenever possible, National (U.S.) and Regional (New England) benchmarks are provided to assess the State's performance relative to these other peer groups.

This Report examines commercial health plans only. Similar information on Medicaid Plans will be presented in a separate publication, *The RiteCare Factbook ~2004*. Information on the financial performance of RI's health insurers is presented in the publication, *The Health of RI's Health Insurers ~2004*.

Different users will use this Report in different ways, however, the following guidelines should help improve its utility for everyone.

- **No one measure in and of itself can truly reflect health plan performance.** Therefore, the statistics should be viewed in combination and not in isolation.
- **Readers should focus on large differences between health plans** that are less likely to be caused by random chance. When comparing statewide performance to the regional and national benchmarks, differences less than +-5% are not considered noteworthy.
- **When a plan is identified as performing favorably higher or unfavorably lower** than its competitors on any particular measure, that conclusion is based on examining the confidence intervals of each plan's values using a conservative 95% confidence level (Appendix).
- **Readers should recognize there may be reasons why results vary other than differences in quality or administration.** Every plan enrolls a distinct set of members with unique demographic characteristics that could affect performance (e.g., age,

health status, race/ethnicity, socioeconomic status). In addition, differences in covered benefits may also influence outcomes.

- **This Report examines all types of health plans (HMOs and PPOs).** HMOs are legally defined and, generally, use provider networks to deliver care through the member's primary care provider. In addition, they may employ a variety of managed care techniques[3] to coordinate care and control costs. Other types of plans may use these exact same techniques but are not defined the same way legally, so this distinction becomes less apparent and important.
- **This Report excludes plans with fewer than 10,000 RI members.** These plans are fairly inconsequential competitors in the RI marketplace at this time, and to reduce their reporting burden, they are exempt from filing.
- **Comparable benchmark data** (i.e., New England and United States) are from Quality Compass (National Committee for Quality Assurance). In the Tables, the benchmarks are averages. In the text, reference may also be made to U.S. percentiles as a basis for comparison (e.g., a 75th U.S. percentile value of 8.5 means that 75% of all plans across the country had values below 8.5, and 25% had values above 8.5).

III: ENROLLMENT

This Section compares health plan membership information and market shares. Included is the fully-insured commercial book-of-business only,[4] and not any self-insured members for which the plans provide Third Party Administrators' services.

A. RI Enrollment is the computed RI resident enrollment in a health plan for the full year. Increasing enrollment over time is important both in terms of "growing the business" and increasing market share.

2. RI Commercial Enrollment[1]

	2002	2003	2004	'03-'04 Change
BCBSRI	223,372	204,665	201,724	-1%
BlueCHiP	57,270	51,781	45,819	-12%
Combined	280,642	256,446	247,543	-3%
UHCNE	63,957	71,277	70,232	-1%
UHIC			13,279	---
Combined	---	---	83,511	---
Blue Cross -MA	27,732	28,657	32,408	13%
Other Plans[2]	57,294	46,343	16,133	---
Rhode Island	429,624	402,723	379,595	-6%

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Fully-insured commercial business only (RI-MM/12)
[2] Other Commercial Plans with <10,000 RI members

BCBSRI and its subsidiary BlueCHiP, remained, by far, the largest commercial insurers with 248,000 fully-insured RI members, and UHCNE followed with 70,000 RI members. Blue Cross –MA reported the only gain in membership (+13%), to 32,000 RI members. Total RI commercial enrollment fell every year reflecting the general decline in insurance coverage and the switch to self-insurance.

B. RI Market Shares calculates each plan's percentage of the total RI fully-insured enrollment. In many respects, market share is more important than simple enrollment (although the two are related). It is possible in a shrinking market for a plan's enrollment to decline while its market share increases. Market share, to a large extent, determines how aggressively a plan can negotiate provider contracts, rates and commissions, to enhance its competitive position.

3. RI Commercial Market Shares

	2002	2003	2004	'03-'04 Change
BCBSRI	52.0%	50.8%	53.1%	5%
BlueCHiP	13.3%	12.9%	12.1%	-6%
Combined	65.3%	63.7%	65.2%	2%
UHCNE	14.9%	17.7%	18.5%	5%
UHIC			3.5%	---
Combined	---	---	22.0%	---
Blue Cross -MA	6.5%	7.1%	8.5%	20%
Other Plans	13%	12%	4%	---
Rhode Island	100%	100%	100%	---

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)

BCBSRI (with BlueCHiP) controlled 65% of the commercial market in 2004, up slightly from 64%, and UHCNE (with UHIC) followed with a 22% share. Blue Cross –MA posted the largest gain in market share (+20%), to 9% in 2004.

IV: UTILIZATION

This Section gives HEDIS[5] information on the services a Health Plan provides to its members.

A. Hospital Discharges are the average number of acute-care hospital discharges (excluding substance abuse, mental health and newborn discharges) used by every 1,000 members in a plan.

4. Hospital Discharges *(per 1,000)*

	2002	2003	2004	'03-'04 Change
BCBSRI	53.7	57.2	59.1	*3%*
BlueCHiP	53.2	53.3	54.7	*3%*
UHCNE[1]	47.7	53.2	67.4	*27%*
UHIC[1]			67.4	*---*
Blue Cross -MA	48.3	49.6	51.9	*5%*
Rhode Island	52.2	55.2	59.8	*8%*
New England	50.3	51.4	52.0	*1%*
United States	57.1	58.2	58.6	*1%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

RI's hospital discharge rate increased +8% in 2004, ending the period +15% higher than the New England rate, and slightly higher than the U.S. rate (i.e., between the 50th and 75th U.S. percentiles of 58.5 and 64.8, respectively).

B. Hospital Days are the average number of acute-care hospital days used by every 1,000 members in a plan. Excluded are substance abuse, mental health and newborn days.

5. Hospital Days *(per 1,000)*

	2002	2003	2004	'03-'04 Change
BCBSRI	214	251	251	*0%*
BlueCHiP	226	238	231	*-3%*
UHCNE[1]	193	219	255	*16%*
UHIC[1]			255	*---*
Blue Cross -MA	206	209	214	*2%*
Rhode Island	212	239	246	*3%*
New England	197	198	195	*-1%*
United States	209	215	214	*0%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

Hospital day utilization increased slightly in 2004, while the benchmarks remained flat. Consequently, RI continued its historical pattern of exceeding the regional and national use rates. In 2004 local utilization was +26% higher than the N.E. rate and +15% higher than the U.S. rate (falling between the 75th and 90th U.S. percentiles of 243 and 271, respectively).

C. Average Length of Stay is the average number of inpatient days for each acute-care hospital admission.

6. Average Length of Stay

	2002	2003	2004	'03-'04 Change
BCBSRI	4.0	4.4	4.3	*-2%*
BlueCHiP	4.3	4.5	4.2	*-7%*
UHCNE[1]	4.1	4.1	3.8	*-7%*
UHIC[1]			3.8	*---*
Blue Cross -MA	4.3	4.2	4.1	*-2%*
Rhode Island	4.1	4.3	4.2	*-4%*
New England	3.9	3.8	3.8	*-2%*
United States	3.7	3.7	3.7	*-1%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

Clearly, with RI's discharge utilization increasing faster than its day utilization (i.e., +8% versus +3%, respectively), one expects lengths of stay to decrease in kind. With the –4% drop in the statewide ALOS in 2004, RI still remained +10% higher than the N.E. comparable, and +14% higher than the U.S. comparable. In fact, RI's ALOS of 4.2 was higher than the 90th U.S. percentile value of 4.1.

Comparison of all-payor and Medicare case-mix data[6] suggest that RI's unfavorably longer stays were, at least, partially warranted because of the complexity of its patients compared to patients elsewhere.

D. ED Visits is the number of visits to hospital emergency departments (excluding behavioral health visits and those that resulted in the patient being admitted) for every 1,000 members in a plan. Emergency departments are often inappropriately used to provide primary or secondary care that could be delivered more cost-effectively and more properly elsewhere.

7. ED Visits *(per 1,000)*

	2002	2003	2004	'03-'04 Change
BCBSRI	203	197	190	-3%
BlueCHiP	196	197	197	0%
UHCNE[1]	195	200	207	3%
UHIC[1]			207	---
Blue Cross -MA	202	204	200	-2%
Rhode Island	201	198	196	-1%
New England	201	197	196	-1%
United States	183	181	177	-2%

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

Both N.E. and RI have struggled with ED utilization rates that have consistently been ~+10% higher than the U.S. rates and this experience continued into 2004. RI's rate of 196 fell between the 50th and 75th U.S. percentiles of 176 and 200, respectively.

This unfavorably high utilization of hospital EDs may be endemic to the region, however, given its historical practice patterns and lack of significant primary care group practices (at least in RI).

E. Mental Health Utilization is the percentage of members with a mental health benefit that received any mental health treatment (i.e., inpatient, intermediate or ambulatory) during the year. Mental illness is widely under-diagnosed and a major quality-of-life determinant.

8. Mental Health Utilization

	2002	2003	2004	'03-'04 Change
BCBSRI	10.0%	10.1%	10.2%	1%
BlueCHiP	8.3%	9.1%	9.1%	0%
UHCNE[1]	7.5%	8.6%	9.2%	7%
UHIC[1]			9.2%	---
Blue Cross -MA	9.7%	10.4%	10.9%	5%
Rhode Island	9.3%	9.7%	9.9%	2%
New England	8.0%	7.8%	8.3%	7%
United States	5.3%	5.4%	5.5%	3%

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

Behavioral health (mental health and substance abuse) utilization is a bright spot for the state in that these utilization statistics may also be used as a proxy for access to these services. RI's mental health utilization continued to outpace both the regional rate (+19% higher) and the national rate (+79% higher). In fact, in 2004, RI's rate of 9.9% was above the 90th U.S. percentile of 8.1%.

Without knowing the comparative incidence rates for mental illness and the actual utilization of services, however, one cannot conclude that mental health treatment was any better in RI than elsewhere, only that a greater percentage of RI members accessed these services at least once.

F. Substance Abuse Utilization is the percentage of members filing an alcohol and other drug claim for substance abuse treatment services (i.e., inpatient, intermediate or ambulatory) during the year. Substance abuse is very expensive in terms of personal and societal costs. Treatment, even considering recidivism rates, remains the most cost-effective response to this disease.

9. Substance Abuse Utilization				
	2002	2003	2004	*'02-'03 Change*
BCBSRI			1.0%	---
BlueCHiP			1.2%	---
UHCNE[1]			1.4%	---
UHIC[1]			1.4%	---
Blue Cross -MA			1.0%	---
Rhode Island			1.1%	---
New England			0.8%	---
United States			0.7%	---

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

RI's substance abuse utilization outpaced both the regional rate (+33% higher) and the national rate (+53% higher). In 2004, RI's value of 1.12% equaled the 90th U.S. percentile value.

However, like mental health, without knowing the comparative incidence rates for substance abuse and the actual utilization of services, one cannot conclude that substance abuse treatment was any better in RI than elsewhere, only that a greater percentage of RI members accessed these services at least once.

V: PREVENTION

This Section contains a HEDIS measure that looks at how effectively a plan delivers a preventive service to keep its members healthy.[7]

A. Advising Smokers to Quit is the percentage of members (age 18+) who are smokers or recent quitters who received advice to quit. An estimated 22% of adult Americans are smokers and it is the leading preventable cause of death in the nation (~440,000 deaths per year). Seventy percent of smokers are interested in stopping, and getting advice to quit is associated with a 30% increase in the number of people who succeed.

This is a measure tracked by HEALTH's Tobacco Control Program[8] as part of its efforts to reduce smoking in the state. The Program has adopted a target rate of 95% compliance on this measure.

10. Advising Smokers to Quit				
	2002	2003	2004	*'03-'04 Change*
BCBSRI	72.9%	78.3%	81.2%	*4%*
BlueCHiP	69.5%	71.9%	77.4%	*8%*
UHCNE[1]	39.2%	65.4%	83.8%	*28%*
UHIC[1]			83.8%	---
Blue Cross -MA	70.5%	73.1%	74.2%	*2%*
Rhode Island	66.4%	74.4%	80.7%	*9%*
New England	73.3%	73.4%	74.4%	*1%*
United States	67.7%	68.7%	69.6%	*1%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

The *Advising Smokers to Quit* measure represents one of the success stories in the state. At the beginning of the period in 2002, RI's relative position on this measure was unfavorably below the regional benchmark (-9% lower) and equivalent to the national benchmark (-2% lower). Since then, RI plans improved to exceed both benchmarks (+8% and +16% higher, respectively). In 2004, RI's rate of 80.7% exceeded the 90th U.S. percentile of 77.3%.

UHCNE stood out as the most improved plan, moving from the lowest position in 2002 to the highest performer in 2004. Given the marginal cost to provide healthcare advice on smoking, further gains should be made on a statewide basis.

VI: SCREENING

This Section contains HEDIS measures that examine how effectively a Plan screens its members for possible medical problems. Screening is the second most cost-effective activity (behind prevention) to reduce the adverse effects of disease.

A. Colorectal Cancer Screening is the percentage of members (age 50-80) who were screened for colorectal cancer. Colorectal cancer is the second leading cause of cancer

related deaths in the country (~56,000 deaths annually). Early stages of the disease are often asymptomatic so regular screening becomes the only way to detect it. In addition, colorectal screening can actually prevent the disease through removal of pre-malignant polyps.

11. Colorectal Cancer Screening

	2002	2003	2004	'02-'03 Change
BCBSRI			60.8%	---
BlueCHiP			66.9%	---
UHCNE[1]			58.9%	---
UHIC[1]			58.9%	---
Blue Cross -MA			63.8%	---
Rhode Island			61.4%	---
New England			61.6%	---
United States			49.0%	---

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

RI's screening rate was equivalent to the regional rate and a full +25% greater than the national rate. In 2004, RI's rate of 61.4% exceeded the 75th U.S. percentile of 55.2%, and approached the 90th U.S. percentile of 61.8%

B. Breast Cancer Screening is the percentage of women members (age 52-69) who had a mammogram within the last two years. Breast cancer is the second most prevalent cancer among women (~215,000 new cases per year), and mammography screening reduces mortality 30% for women 50 and older.

12. Breast Cancer Screening

	2002	2003[2]	2004	'03-'04 Change
BCBSRI	76.9%	76.9%	75.2%	-2%
BlueCHiP	80.4%	80.4%	75.5%	-6%
UHCNE[1]	78.4%	78.4%	77.4%	-1%
UHIC[1]			77.4%	---
Blue Cross -MA	81.5%	83.1%	83.3%	0%
Rhode Island	78.0%	78.2%	76.5%	-2%
New England	80.8%	80.9%	80.1%	-1%
United States	74.9%	75.3%	73.4%	-3%

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values
[2] Plans had option of reporting previous year's value

RI's *Breast Cancer Screening* rate was unremarkable when compared to national and regional rates. RI's 2004 value of 76.5% placed it between the 50th and 75th U.S. percentiles of 73.5% and 77.3%, respectively.

C. Cervical Cancer Screening is the percentage of women (21-64) who received a Pap test within three years. Cervical cancer is one of the most successfully treated cancers when diagnosed early, and screening has let to declining mortality rates over the past 30 years. Nonetheless, an estimated 10,000 new cases are diagnosed each year resulting in over 3,500 deaths.

13. Cervical Cancer Screening

	2002	2003[2]	2004	'03-'04 Change
BCBSRI	82.6%	82.6%	82.5%	0%
BlueCHiP	87.5%	87.5%	84.2%	-4%
UHCNE[1]	82.9%	82.9%	82.5%	0%
UHIC[1]			82.5%	---
Blue Cross -MA	89.0%	89.0%	87.8%	-1%
Rhode Island	83.9%	83.9%	83.2%	-1%
New England	85.7%	86.6%	86.0%	-1%
United States	80.5%	81.8%	80.9%	-1%

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values
[2] Plans had option of reporting previous year's value

RI's relative performance on this measure was unremarkable when compared to the N.E. and U.S. benchmarks. RI's 2004 value of 83.2% placed it between the 50th and 75th U.S. percentiles of 81.6% and 84.3%, respectively.

D. Chlamydia Screening is the percentage of women members (age 16-25) having a chlamydia test during the year. Chlamydia is the most common sexually transmitted disease (~3 million infected annually) and screening is essential because the disease is usually asymptomatic and easily treated with antibiotics.

14. Chlamydia Screening	2002	2003	2004	'03-'04 Change
BCBSRI	25.3%	30.4%	34.2%	*13%*
BlueCHiP	29.8%	36.1%	38.1%	*6%*
UHCNE[1]	29.4%	33.7%	36.8%	*9%*
UHIC[1]			36.8%	*---*
Blue Cross -MA	35.6%	39.8%	44.0%	*11%*
Rhode Island	27.5%	32.6%	36.2%	*11%*
New England	28.9%	34.7%	37.4%	*8%*
United States	25.4%	29.7%	32.2%	*8%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

RI health plans improved their performance on this measure, and the statewide statistic finished essentially equivalent to the N.E. benchmark and +12% above the U.S. benchmark. RI's 2004 value of 36.2% placed it between the 50th and 75th U.S. percentiles of 31.1% and 36.7%, respectively. The low absolute values both locally and nationally, however, illustrate the need for further improvement in this screening.

Individually, BCBSRI performed unfavorably below its peers on this measure, even though it posted the largest one-year increase in 2004 (+13%). On the other hand, Blue Cross –MA performed favorably above its peers on this measure in 2004 (Appendix).

E. Diabetes Care –Eye Exam Screening is the percentage of members (age 18-75) with diabetes that received an eye exam for retinal disease. Diabetes is the leading cause of adult blindness in the US, so regular examinations are important to diagnose problems as early as possible.

15. Diabetes -Eye Exam Screening	2002	2003[2]	2004	'03-'04 Change
BCBSRI	51.6%	53.5%	58.4%	*9%*
BlueCHiP	61.3%	58.9%	66.2%	*12%*
UHCNE[1]	56.0%	58.9%	58.6%	*-1%*
UHIC[1]			58.6%	*---*
Blue Cross -MA	63.5%	63.5%	67.4%	*6%*
Rhode Island	54.7%	56.2%	60.2%	*7%*
New England	62.3%	59.9%	64.1%	*7%*
United States	51.7%	48.8%	51.0%	*4%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values
[2] Plans had option of reporting previous year's value

This is one measure tracked by HEALTH's Diabetes Prevention and Control Program[9] as part of its efforts to reduce the incidence and improve the quality of care of the disease. The Program has adopted a target goal of 70% for this screening.

BlueCHiP was the most improved plan in 2004 (+12%), and there was steady improvement in statewide values, but the 2004 value was –6% below the regional benchmark and +18% above the national benchmark. RI's 2004 value of 60.2% fell between the 75th and 90th U.S. percentiles of 58.4% and 66.2%, respectively. The fairly low values both locally and nationally, however, illustrate the need for further improvement in diabetic eye screening.

VII: TREATMENT

This Section contains HEDIS measures that look at the clinical quality of care provided within a health plan, how well it treats its members who are ill and whether that care is effectively managing the disease.

A. Controlling High Blood Pressure is the percentage of hypertensive members (age 46-85) whose blood pressure was under control. Approximately 50% of the adults over 45 have hypertension and control of this disease can reduce the incidence of stroke 35%-40%, myocardial infarction 20%-25%, and heart failure by 50%.

16. Controlling High Blood Pressure	2002	2003[2]	2004	'03-'04 Change
BCBSRI	74.2%	74.2%	79.4%	*7%*
BlueCHiP	69.9%	69.9%	78.2%	*12%*
UHCNE[1]	55.5%	61.8%	63.3%	*2%*
UHIC[1]			63.3%	*---*
Blue Cross -MA	67.7%	73.0%	73.7%	*1%*
Rhode Island	69.8%	71.0%	75.0%	*6%*
New England	64.6%	66.6%	70.8%	*6%*
United States	58.4%	62.2%	66.8%	*7%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values
[2] Plans had option of reporting previous year's value

RI plans performed relatively well on this measure, besting both the regional and national benchmarks (+6% and +12%, respectively). RI's 2004 value of 75% ranked above the 75th U.S. percentile (72.3%) and approached the 90th U.S. percentile of 75.4%.

Individually, BlueCHiP was the most improved plan in 2004 (+12%). Both UHCNE and UHIC performed unfavorably below their peers on this measure in 2004 (Appendix)

B. Cholesterol Management is the percentage of members (age 18-75) discharged after an acute cardiac event whose LDL-C was controlled to <100mg/dL. Coronary artery disease (CAD) affects ~15 million Americans and is the leading cause of heart-related mortality in the U.S. Total blood cholesterol is directly related to CAD, so management of this causative factor is important in controlling the disease.

17. Cholesterol Management

	2002	2003	2004	'03-'04 Change
BCBSRI			50.6%	---
BlueCHiP			54.3%	---
UHCNE[1]			40.1%	---
UHIC[1]			40.1%	---
Blue Cross -MA			60.1%	---
Rhode Island			49.5%	---
New England			53.7%	---
United States			50.9%	---

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

RI plans performed poorly on this measure. Not only was the statewide absolute value quite low (49.5%), but its relative standing was –8% below the regional benchmark and between the 25th and 50th U.S. percentiles of 46.5% and 51.6%, respectively. Any treatment regimen in which over 50% of the affected population is not responding needs to be addressed.

C. Diabetes Care –HbA1c Controlled is the percentage of diabetic members (age 18-75) whose blood sugar was under control (i.e., <9.0%). This statistic is the complement of the HEDIS Diabetes Care –HbA1c Not Controlled statistic. Diabetes affects ~17 million Americans and causes 20% of all deaths in adults over 25. In addition, its complications (amputations, kidney failure, blindness) may be prevented if diagnosed and addressed early.

This is another measure tracked by HEALTH's Diabetes Prevention and Control Program,[9] however, it has adopted an even more stringent goal of maintaining blood sugar levels under 7%.

18. Diabetes -HbA1c Controlled[1]

	2002	2003	2004	'03-'04 Change
BCBSRI		63.7%	74.9%	*18%*
BlueCHiP		71.5%	70.8%	*-1%*
UHCNE[2]		60.6%	64.0%	*6%*
UHIC[2]			64.0%	---
Blue Cross -MA		76.2%	82.7%	*9%*
Rhode Island		65.2%	72.6%	*11%*
New England		72.4%	73.8%	*2%*
United States		68.1%	69.3%	*2%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] This statistic is the complement of the HEDIS Diabetes Care -HbA1c NOT controlled measure
[2] Both Plans reported identical 2004 HEDIS values

There was marked statewide improvement on this measure (+11%), from an unfavorable position below the N.E. benchmark and equivalent to the U.S. benchmark to one essentially similar to both those comparables in 2004. RI's 2004 value of 72.6% placed it between the 50th and 75th U.S. percentiles of 70.1% and 75.8%, respectively. BCBSRI was the most improved individual plan in 2004 (+18%).

D. Antidepressant Medication Management is the percentage of members (age 18+) with a new episode of depression, receiving medication and at least three provider contacts within 12 weeks. Almost 19 million Americans suffer from a depressive disorder annually, and depression is a major quality of life factor, with huge societal costs in terms of absenteeism and productivity.

19. Antidepressant Med. Mgmt.	2002	2003	2004	'03-'04 Change
BCBSRI	23.4%	29.4%	30.1%	*2%*
BlueCHiP	19.6%	24.0%	21.5%	*-10%*
UHCNE[1]	25.3%	27.3%	26.7%	*-2%*
UHIC[1]			26.7%	*---*
Blue Cross -MA	38.7%	38.7%	38.2%	*-1%*
Rhode Island	24.3%	28.9%	29.0%	*0%*
New England	26.2%	29.4%	30.5%	*4%*
United States	19.2%	20.3%	20.0%	*-2%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values

RI's low values on this measure were matched by equally low benchmarks, so the state did relatively well at least when compared to the national rate (+45% higher). RI's 2004 value of 29% fell between the 75th and 90th U.S. percentiles of 23.6% and 31.9%, respectively. Regardless of how well RI plans compared to the national benchmark, a situation where over 7 of every 10 patients are not receiving the recommended treatment is not favorable.

Individually, Blue Cross –MA performed favorably higher than its competitors on this measure in 2004 (Appendix).

VIII: ACCESS

The HEDIS measures in this Section examine if members are obtaining needed services from the healthcare system. Access is one of the most difficult concepts to measure. It is more than simply making healthcare services available. Access means the right patients get the right care in the right amounts at the right time. Most of these measures are proxies for gauging access to particular services.

A. Follow-up for Mental Illness measures the percentage of members (age 6+) who were discharged and received a follow-up visit within 30 days. Mental disorders affect ~57 million adult Americans and are a leading factor in suicides, one of the leading preventable causes of death in the U.S. Follow-up to hospitalization for mental illness is important to transitioning the patient out of the inpatient setting and for evaluating medications.

20. Follow-up for Mental Illness	2002	2003[2]	2004	'03-'04 Change
BCBSRI	69.7%	78.3%	77.9%	*-1%*
BlueCHiP	65.8%	75.3%	72.2%	*-4%*
UHCNE[1]	73.7%	73.7%	81.8%	*11%*
UHIC[1]			81.8%	*---*
Blue Cross -MA	89.4%	83.5%	84.3%	*1%*
Rhode Island	71.3%	77.4%	78.6%	*2%*
New England	81.4%	82.5%	82.7%	*0%*
United States	73.6%	74.4%	76.0%	*2%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values
[2] Plans had option of reporting previous year's value

RI plans' performance was unremarkable on this measure in 2004, equivalent to both benchmarks and between the 50th and 75th U.S. percentiles of 77.4% and 82.5%, respectively. UHCNE was the most improved plan in 2004 (+11%).

B. Prenatal Care Access measures the percentage of women who delivered a live birth and had a prenatal visit in the first trimester. Prenatal care is preventive care, both in terms of avoiding poor outcomes and preparing the woman to become a mother.

21. Prenatal Care Access	2002	2003[2]	2004	'03-'04 Change
BCBSRI	82.8%	82.8%	95.0%	*15%*
BlueCHiP	93.2%	93.2%	93.5%	*0%*
UHCNE[1]	81.3%	81.3%	93.7%	*15%*
UHIC[1]			93.7%	*---*
Blue Cross -MA	98.0%	98.0%	98.0%	*0%*
Rhode Island	85.3%	85.2%	94.8%	*11%*
New England	92.7%	94.5%	95.3%	*1%*
United States	86.7%	89.4%	90.8%	*2%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values
[2] Plans had option of reporting previous year's value

RI plans' comparative performance again was unremarkable in 2004, ending the period equivalent to both benchmarks and falling between the 50th and 75th U.S. percentiles of 93.2% and 95.3%, respectively. RI's trending,

however, was quite favorable with a +11% gain in its 2004 value and a relative improvement from a position –10% below the N.E. benchmark in 2003. BCBSRI and UHCNE led in 2004 gains of +15% each.

C. Postpartum Care Access measures the percentage of women who delivered a live birth and had a postpartum visit between 21-56 days after delivery. Postpartum care is essential in terms of evaluating the mother's physical and emotional well-being at a time of great stress and change.

22. Postpartum Care Access

	2002	2003[2]	2004	'03-'04 Change
BCBSRI	79.4%	79.4%	81.0%	*2%*
BlueCHiP	84.1%	84.1%	83.8%	*0%*
UHCNE[1]	77.4%	77.7%	76.6%	*-1%*
UHIC[1]			76.6%	*---*
Blue Cross -MA	87.8%	87.8%	91.3%	*4%*
Rhode Island	80.4%	80.4%	81.3%	*1%*
New England	82.5%	85.0%	84.9%	*0%*
United States	77.0%	80.3%	80.7%	*0%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values
[2] Plans had option of reporting previous year's value

Again, RI plans' performance on this measure was unremarkable, with marginal change over time and values essentially equivalent to both benchmarks. RI's 2004 value of 81.3% fell between the 25th and 50th U.S. percentiles of 78.2% and 83.1%, respectively.

D. Adolescent Well-Care Visits measures the percentage of members (age 12-21) who received a well-care visit during the year. Well-care visits are key to addressing the physical, emotional and social aspects of development in this population transitioning from childhood to adulthood.

23. Adolescent Well-Care Visits

	2002	2003	2004[2]	'03-'04 Change
BCBSRI	57.6%	58.6%	60.2%	*3%*
BlueCHiP	54.8%	60.3%	64.7%	*7%*
UHCNE[1]	53.1%	56.3%	56.0%	*-1%*
UHIC[1]			56.0%	*---*
Blue Cross -MA	68.2%	69.2%	72.6%	*5%*
Rhode Island	57.2%	59.2%	60.9%	*3%*
New England	53.0%	54.7%	57.1%	*4%*
United States	35.8%	37.1%	38.2%	*3%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 HEDIS values
[2] Plans had option of reporting previous year's value

RI plans had superior results on this measure than either the N.E. region or the U.S. in general. In fact, the local rate was +59% higher than the national benchmark and exceeded the 90th U.S. percentile of 55.2%. However, the fact remains that almost 2 of every 5 adolescents in this population are still not accessing these services.

Individually, UHCNE and UHIC performed unfavorably lower on this measure and Blue Cross –MA performed favorably higher than the other plans on this measure in 2004.

IX: SATISFACTION

This Section provides CAHPS[10] information on the percentage of members who were satisfied with their experience of care, as well as complaint rates.

A. Satisfaction with Healthcare is the percentages of members indicating overall satisfaction with all of the healthcare services received in the past year. Perception is an important aspect of quality in that members must perceive they are receiving quality for it to be effectively provided.

24. Satisfaction with Healthcare	2002	2003	2004	'03-'04 Change
BCBSRI	80.3%	83.7%	82.7%	-1%
BlueCHiP	80.8%	79.0%	79.5%	1%
UHCNE[1]	80.7%	80.6%	74.5%	-8%
UHIC[1]			74.5%	---
Blue Cross -MA	76.0%	79.9%	81.6%	2%
Rhode Island	80.1%	82.1%	80.3%	-2%
New England	79.0%	79.6%	80.9%	2%
United States	75.1%	76.3%	77.6%	2%

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 CAHPS values

This is a significant satisfaction measure in that it provides a composite score of overall satisfaction with all of the healthcare services a member receives. In 2004, the statewide satisfaction with healthcare rate was essentially equivalent to both the regional and national rates, and fell between the 50th and 75th U.S. percentiles of 78.1% and 81.4%, respectively.

B. Satisfaction with Health Plans is the percentages of members indicating overall satisfaction with the health plan itself. This and the previous measure may be used as marketing and improvement tools indicating how the so-called 'customers' view the 'product'.

25. Satisfaction with Health Plans	2002	2003	2004	'03-'04 Change
BCBSRI	72.3%	72.2%	70.4%	-2%
BlueCHiP	54.6%	49.7%	63.1%	27%
UHCNE[1]	66.9%	57.8%	55.4%	-4%
UHIC[1]			55.4%	---
Blue Cross -MA	72.0%	71.6%	74.0%	3%
Rhode Island	68.6%	66.0%	66.4%	1%
New England	64.0%	63.5%	65.8%	4%
United States	61.3%	61.8%	64.1%	4%

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 CAHPS values

This is another composite measure examining how members viewed the health plan. In 2004, the statewide satisfaction rate was similar to both the N.E. and U.S. benchmarks. RI's 2004 value of 66.4% fell between the 50th and 75th U.S. percentiles of 63.9% and 69.5%, respectively. BlueCHiP posted the largest satisfaction gain of any plan (+27%) in 2004.

C. Complaints are the percentages of members responding that they have called or written to their health plans with a complaint or problem within the past 12 months.

26. Complaint Rates	2002	2003	2004	'03-'04 Change
BCBSRI		12.1%	10.9%	-10%
BlueCHiP		15.7%	13.1%	-17%
UHCNE[1]		12.5%	15.2%	22%
UHIC[1]			15.2%	---
Blue Cross -MA		13.8%	10.9%	-21%
Rhode Island		12.8%	12.2%	-5%
New England		13.8%	13.2%	-5%
United States		14.6%	13.7%	-6%

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)
[1] Both Plans reported identical 2004 CAHPS values

RI complaint rates have historically beat the benchmarks, and the 2004 rate was –8% less than the regional rate and –11% less than the national rate. RI's 2004 complaint rate of 12.2% fell between the 25th and 50th U.S. percentiles of 10.3% and 13.2%, respectively.

X: UTILIZATION REVIEW

Utilization Review (UR) is the process health plans use to determine if services to members are medically necessary. Most health plans will only pay for covered services if they are medically necessary.

This Section provides statistics for 'UR enrollees' of health plans. These enrollees are defined in Regulations as plan members who reside in RI and plan members who reside elsewhere and receive their care in the state.

A. Adverse Determinations

Some health plans require members to get authorization for covered services before they will pay for them. If a review determines the service is not medically necessary, the health

plan (or its UR agent) will deny the request (i.e., make an adverse determination). Such reviews may be conducted prospective to, concurrent with, or retrospective to a patient's hospital stay or course of treatment.

27. Adverse Determinations[1] *(per 1,000[2])*

	2002	2003	2004	'03-'04 Change
BCBSRI	3.66	4.03	3.77	*-6%*
BlueCHiP	5.47	5.78	4.61	*-20%*
UHCNE	6.91	6.85	3.43	*-50%*
UHIC			8.14	*---*
Blue Cross -MA	2.25	7.34	4.27	*-42%*
Rhode Island	4.39	4.80	3.96	*-17%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)

[1] Inc. prospective, concurrent & retrospective ADs

[2] RI residents & non-residents accessing care in RI

B. Overturned Appeals

When a health plan (or its UR Agent) determines a covered service is not medically necessary and denies payment, a member may appeal that decision according to state law. When such an appeal is overturned, it means that the original decision to deny payment was reversed (i.e., the appeal was successful on the part of the member).

28. Overturned Appeals[1] *(per 1,000[2])*

	2002	2003	2004	'03-'04 Change
BCBSRI	2.44	2.92	2.12	*-27%*
BlueCHiP	3.33	4.85	3.07	*-37%*
UHCNE	0.40	2.85	0.79	*-72%*
UHIC			1.83	*---*
Blue Cross -MA	0.88	0.09	1.17	*1189%*
Rhode Island	2.09	2.95	1.96	*-34%*

BCBSRI (Blue Cross & Blue Shield of RI), UHCNE (UnitedHealthcare of NE), UHIC (United Healthcare Ins. Co.)

[1] Includes level 1, level 2, and external Appeals

[2] RI residents & non-residents accessing care in RI

Appendix

APPX.: 2004 HEDIS CONFIDENCE INTERVALS *(@ 95% Confidence Level)*					
	Blue Cross - RI	BlueCHiP	United-Healthcare - NE	United-Healthcare Insurance Co.	Blue Cross - MA
Colorectal Cancer Screening	55.99%-65.67%	62.24%-71.58%	54%-63.76%	54%-63.76%	59.01%-68.67%
Breast Cancer Screening	74.79%-75.65%	74.07%-76.91%	73.21%-81.54%	73.21%-81.54%	78.41%-88.26%
Cervical Cancer Screening	82.29%-82.79%	78.7%-89.78%	78.69%-86.28%	78.69%-86.28%	82.61%-92.97%
Chlamydia Screening	33.43%-34.96%	35.66%-40.44%	35.11%-38.47%	35.11%-38.47%	43.45%-44.47%
Diabetes -Eye Exam Screen.	53.51%-63.28%	61.48%-70.88%	53.75%-63.62%	53.75%-63.62%	62.74%-72.05%
Controlling Hypertension	74.86%-84.02%	73.68%-82.65%	58.48%-68.04%	58.48%-68.04%	68.87%-78.59%
Cholesterol Management	45.65%-55.57%	45.28%-63.25%	33.42%-46.76%	33.42%-46.76%	55.24%-64.95%
Diabetes -HbA1c Controlled	70.63%-79.25%	66.29%-75.32%	59.13%-68.75%	59.13%-68.75%	78.95%-86.5%
Antidepressant Med. Mgmt.	28.29%-31.97%	16.28%-26.63%	23.04%-30.34%	23.04%-30.34%	36.89%-39.58%
Follow-up for Mental Illness	75.64%-80.12%	65.73%-78.71%	77.71%-85.92%	77.71%-85.92%	82.88%-85.68%
Prenatal Care Access	92.24%-97.72%	90.03%-96.87%	91.2%-96.15%	91.2%-96.15%	95.72%-100%
Postpartum Care Access	76.22%-85.79%	78.86%-88.83%	72.43%-80.85%	72.43%-80.85%	87.13%-95.52%
Adolescent Well-Care Visits	58.78%-60.57%	63.51%-65.87%	55.19%-56.86%	55.19%-56.86%	67.81%-77.39%

Significantly & Favorably Higher Than the Other Health Plans
Significantly & Unfavorably Lower Than the Other Health Plans

Endnotes:

[1] *The State of the Art in Health Plan Performance Reporting, Kingsley J., Cryan B., HEALTH, Mar'02*

[2] *Includes full-service health plans (excludes vision & dental Plans) with 10,000+ RI members (i.e., BCBSRI, BlueCHiP, UHCNEHealthcare –NE, Blue Cross –MA)*

[3] *e.g., 'gatekeepers', second opinions, formularies, restricted networks, etc.*

[4] *Underwriting healthcare coverage is the primary function of health plans and the Statutory regulatory filings, the source for enrollment and financial data, reflect this activity only*

[5] *HEDIS (Health Plan Employer Data and Information Set) is a set of performance measures for the managed care industry, administered by the National Committee for Quality Assurance (NCQA)*

[6] *Almanac of Hospital Financial and Operating Indicators , 2004 Ed., Ingenix, (pp 241 & 409)*

[7] *Other Prevention measures (i.e., Childhood Immunization and Adolescent Immunization) were not included in 2004 because most plans reported their 2003 values as allowed by the NCQA*

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[10] *CAHPS (Consumer Assessment of Health Plans) is a set of standardized surveys assessing patient satisfaction and is administered by the NCQA.*